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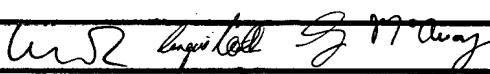
Total Number of Pages in This Submission

Application Number	10/534830
Filing Date	November 17, 2003
First Named Inventor	Kia Silverbrook
Art Unit	
Examiner Name	
Attorney Docket Number	MJT001NPUS

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cited Documents
Remarks Email: kia.silverbrook@silverbrookresearch.com Telephone: 61-2-9818 6633 Facsimile : 61-2-9555 7762		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name		
Signature		
Printed name	Kia Silverbrook, Angus John North, Gregory John McAvoy	
Date	November 7, 2006	Reg. No.

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 2

Complete if Known	
Application Number	10/534830
Filing Date	November 17, 2003
First Named Inventor	Kia Silverbrook
Art Unit	
Examiner Name	
Attorney Docket Number	MJT001NPUS

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				
		JP-07-060955 A	03-07-1995	Canon Inc		
		JP-2002-210951 A	07-31-2002	Eastman Kodak Co.		

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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹Applicant's unique citation designation number (optional). ²See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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<p>Substitute for form 1449/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p><i>(Use as many sheets as necessary)</i></p>				Complete if Known			
				Application Number		10/534830	
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				First Named Inventor		Kia Silverbrook	
				Art Unit			
				Examiner Name			
Sheet	2	of	2	Attorney Docket Number	MJT001NPUS		

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

Applicant's unique claim identifier number (optional). If applicant is to place a check mark here if English language translation is attached.
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